

## हिमालय दिवस २०७३

पर्यावरणीय लोकतन्त्रका लागि दक्षिण एसियाली संवाद (सेडेड-नेपाल) र वन वातावरण श्रमिक संघ (फेवन) को संयुक्त आयोजनामा ९ सेप्टेम्बर २०१६ (बि.सं. २४ भाद्र २०७३)मा अन्तर्राष्ट्रिय हिमालय दिवसका अवसरमा दोलखाको कुरी गाउँमा आयोजित स्थानीय संवादको रिपोर्ट।

हरेक वर्षको ९ सेप्टेम्बरलाई अन्तर्राष्ट्रिय हिमालय दिवसको रूपमा मनाउने शिलशिलामा पर्यावरणीय लोकतन्त्रका लागि दक्षिण एसियाली संवाद (सेडेड-नेपाल) र फेवनको आयोजनामा दोलखाको कुरी गाउँमा हिमाली क्षेत्रका मानिसहरूका जनजीवनका विविध सवालहरू र समस्याहरू उनीहरूकै मुखबाट र उनीहरूकै थलोमा सुन्ने उद्देश्यले 'स्थानीय संवाद' को कार्यक्रम आयोजना गरियो। सेडेड-नेपाल र फेवनका तर्फबाट उक्त टोलीमा योगेन्द्रविजय दाहाल, रामशरण सापकोटा, शिवप्रसाद तिवारी र सिमोन पौडेल थिए।

हिमाली क्षेत्रका मानिसहरूको रहनसहन, उनीहरूको जीवनशैलीमा आएका सामाजिक, सांस्कृतिक परिवर्तन, पारिवारिक सम्बन्धहरू र समुदायबीचका सम्बन्धका बारे हिमाली भेगकै मानिसहरूबाट जानकारी लिने कार्यक्रमको उद्देश्य थियो। हिमाली भेगका मानिसहरूको खेती किसानी, पशुपालनका अलावा मौसम परिवर्तनका कारण हिमपातमा आएको परिवर्तनका बारेमा हिमाली क्षेत्रकै मानिसहरूबाट बुझ्ने कार्यक्रमको ध्येय थियो। ९ सेप्टेम्बरका (भाद्र २४) का दिन बिहान ८ बजे शुरु भएको स्थानीय संवादमा कुरी गाउँ वरिपरिका करिब पच्चीस जना जति शेर्पा जातीका विभिन्न उमेर समूहका महिला र पुरुषहरूको उपस्थिति थियो।

कार्यक्रम बिहानको ११ बजेतिर सम्पन्न भएको थियो। सो स्थानीय सम्वादको कार्यक्रममा हिमाली क्षेत्रका मानिसहरूको जनजीवनका बारेमा टोली सदस्यहरूले प्रश्न सोधेका थिए। कार्यक्रमको शुरुवात गर्दै सेडेड नेपालका रामशरण सापकोटाले भने - "आज ९ सेप्टेम्बरलाई अन्तर्राष्ट्रिय रूपमै 'हिमालय



नेपाल-चीन केरुङ नाका



शिवप्रसाद तिवारी

मानिसहरूका लागि पनि खानेपानी लिन टाढा जानुपर्छ। पानीको सुविधा र बस्ने ठाउँमा छानोको राम्रो सुविधा भए हामी खुशी हुने थियौं।

दिवस' का रूपमा मनाउन थालिएको छ। यो दिवस तपाईंहरू जस्तै हिमालमा बस्ने

मानिसहरूका लागि चासोको दिवस हो। आज हामी तपाईंहरूको वस्तीमा तपाईंहरूकै मुखबाट तपाईंहरूकै जनजीविकाका कुराहरू र तपाईंहरूका समस्याहरूका बारेमा सुन्न आएका छौं। यहाँबाट तपाईंहरूका कुरा सुनेर गएपछि तपाईंहरूका कुराहरू कहाँ पुऱ्याउन सकियो भने पनि हामी पुऱ्याइदिउँला। आज तपाईंहरूबाट हामी चौरी लगायत अरु पशुपालनका कुराहरू, तपाईंका सामाजिक, सांस्कृतिक जीवन र त्यसमा आएका परिवर्तनहरू, चौरीखर्कका व्यवस्थापन र त्यसमा आएका समस्याहरू, यस भेगमा पाइने जडीबुटीहरू तिनीहरूको उपयोगका बारेमा पनि सुन्न चाहन्छौं।" त्यसपछि त्यहाँ उपस्थित मध्ये केहीलाई माथि



भनिएका विषयहरुमा बोल्न दिइयो । उपस्थित व्यक्तिहरुले बोल्दा टोलीका सदस्यहरुले बोल्ने व्यक्तिहरुलाई विषयवस्तुमा राखिरहन बीचबीचमा प्रश्नहरु सम्झाउने र विषयवस्तु तर्फ तान्ने गरेका थिए ।

त्यहाँका उपस्थित मध्ये छानिएका केही व्यक्तिहरुका भनाइ यस्ता थिए :

#### नामगोल शेर्पा, कुरी, होटल व्यवसायी

हिमाली क्षेत्रमा बस्ने हामी शेर्पाहरु धेरैजसो चौरी लगायतका पशुपालन गर्छौं । म पनि चारपाँच वर्ष अगाडिसम्म चौरीपालन गर्थेँ, अहिले नसकेर छोडें । अहिले चौरीखर्कमा घाँसको समस्या छ । म मात्रै होइन कि धेरैले चौरीपालन छोडेका छन् ।

पहिले पहिले हिउँ धेरै पर्थ्यो । पहिला यहीँ आठ फिटसम्म हिउँ पर्थ्यो । अहिले एकदुई फिट मात्रै पर्छ । हामीलाई हिउँ बढी परेको राम्रो लाग्छ । त्यसो भयो भने खेतीपाती पनि राम्रो हुन्छ ।

पहिलाको परिवारमा खान र लगाउनको दुःख थियो, अहिले त्यस्तो दुःख छैन । अहिलेको परिवारलाई पहिलाको परिवार हेरिकन सुख छ । पहिला परिवारका सदस्यहरु मिलेर बस्थे, परिवारका सदस्यमा एकता र माया थियो । अहिले त्यो कम हुँदै गइरहेको छ ।

मैले हिमाली क्षेत्रको भविष्य राम्रै देख्छु । अहिले बाटो कच्ची भए पनि यातायातको सुविधा भएको छ । विकास भएको छ । यहाँका बालबच्चाहरुले पनि शिक्षा पाउन थालेका छन् ।

हिमाल बाहिरका मानिसहरुले हिमाली क्षेत्रका मानिसहरुको जीवन सजिलो बनाउन पानीको समस्या र चौरीखर्कको व्यवस्थापनमा सहयोग गरे हुन्थ्यो जस्तो लाग्छ ।

#### नवाँ शेर्पा, चौरीपालक किसान (महिला)

मेरो स्थायी ठेगाना सुस्माक्षमावति गाविस हो । तर म चौरीपालक किसान भएकाले हामी स्थायी रुपले कुनै ठाउँमा पनि बस्न पाउँदैनौं । हामी मौसम अनुसार विभिन्न खर्कहरुमा चौरीगोठ साँदै बस्दै गच्छौं । चौरीहरु एकएक महिनामा सारिरहनुपर्छ । मसँग तेईसचौबिस वटा चौरीहरु छन् र यसमध्ये बाह्रतेह्र वटा दुहुना छन् । दुहुना मध्ये केही लैना र केही बर्केना छन् ।

चौरीपालनको लागि घाँसको समस्या छ, पानीको पनि समस्या छ । अहिले चरनक्षेत्र प्रशस्त छैन । उत्पादन गरिएको घाँसले चौरीलाई हुँदैन । प्राकृतिक घाँस चाहिन्छ । चौरीले तल (औल) को घाँस पनि खाँदैन । एक ठाउँमा एक महिना जति बसेपछि चौरीहरु आफैँ सर्न खोज्छन् । एकैठाउँमा बसिरहन रुचाउँदैनन् । चौरीहरुलाई वर्षमा

कम्तीमा पनि पाँच/छ ठाउँमा सारिरहनुपर्छ । कृषि कार्यालय र अरु संस्थाहरुले दिएको घाँसको बिऊ छर्दा पनि घाँस/चरनको समस्या समाधान हुन सकेको छैन । तुषारोले घाँसको टुसा नै मार्नेरहेछ । सायद त्यो घाँसको बिऊ यो तापक्रम र मौसममा नमिलेको हो कि ? चौरीलाई उन्नत जातको घाँस खुवाउने चलन छैन । मकैको पीठोको कुँडो खुवाउने गरिन्छ ।

चौरी विरामी हुँदा पनि भेटेनरीको औषधी पनि दिने गर्छा छैन । त्यसैले निको पनि नहुने रहेछ । विरामी हुँदा नुनपानी कम गर्छौं र स्थानीय औषधीमुल्लो गरिन्छ । भेटेनरीबाट ल्याएर दिएको औषधिले नहुँदोरहेछ । त्यसैले हामीले दिने गर्छा छैन ।

पोहोरको भूइँचालोले गर्दा पानीका मूलहरु सुकेका छन् । चौरीलाई मात्रै नभई मानिसहरुलाई पनि खानेपानीको समस्या भएको छ । हामीले अहिलेसम्म प्लाष्टिक पोखरीहरु बनाएका छैनौं । बनायौं भने सजिलो होला कि जस्तो लाग्छ । हामीलाई पानीको समस्या मंसिरदेखि वैशाख पन्ध्रजतिसम्म पर्छ, त्यसपछि पानीको खासै समस्या हुँदैन । यदि चौरीहरुलाई पानी खान सजिलो हुने प्लाष्टिक पोखरीहरु बनाउने हो भने एउटा खर्कमा चारपाँच वटा जति पोखरी चाहिएला ।

अहिले हिउँ पर्ने क्रम कम हुँदै गइरहेको छ, त्यसैले नै पानीको समस्या बढेको हो जस्तो लाग्छ । पहिला जस्तै बाक्लो हिउँ पर्ने भए, पानी जमिनमा रसाएर वर्षैभरि मूल रहिरन्थ्यो होला । हिउँ पर्ने क्रम कम भएको छ, त्यसैले पानीका मूलहरु सुक्न थालेका छन् र पानीको श्रोतहरुमा पनि कम हुँदै गएका छन् । पहिला बाक्लो हिउँ पर्थ्यो भने अहिले त एकछिन पर्छ, त्यो पनि एकैछिन मा बिलाएर जान्छ ।

मानिसहरुका लागि पनि खानेपानी लिन टाढा जानुपर्छ । पानीको सुविधा र बस्ने ठाउँमा छानोको राम्रो सुविधा भए हामी खुशी हुने थियौं । हामीलाई सरकारी सेवा सुविधाहरु धेरै छैन । हामी आफ्नै तरिकाले हाम्रो जीवन निर्वाह गर्दैछौं ।

अहिले चौरीगाईका उत्पादनहरु बेच्न सजिलो भएको छ । पहिला जस्तो भारी बोक्नुपर्ने बाध्यता छैन । अहिले चौरीको घिऊ र छूर्पीको मूल्य पनि राम्रो आउँछ । बेच्नको लागि बोकेर टाढा पनि लैजानु पर्दैन । तल चरिकोट र अन्य ठाउँका व्यापारीहरु पनि यी उत्पादनहरु किन्न यहीँ आइपुग्छन् । सडक यहाँसम्म आईपुगेको छ । गाडी आएपछि चौरीलाई चाहिने नून, पीठो ल्याउन पनि सजिलो भएको छ । चौरीलाई नूनपानी, पीठो मिलाएर दिनुपर्छ ।

सामाजिक जीवनशैलीमा पनि पहिला र अहिले खासै फरक आएको छैन । पारिवारिक

जीवनमा भने पहिला र अहिलेमा फरक देख्न सकिन्छ । पहिला बच्चाहरु अलिअलि हुर्केपछि काम लगाउने चलन थियो । अहिले त्यस्तो छैन । अहिले चरिकोट र अन्य ठाउँहरुमा राखेर भए पनि बच्चाहरुलाई पढाउनुपर्छ भन्ने छ ।

हामीले प्रकृति, वनजंगल जोगाउनुपर्छ र लापवाही नगरीकन उपयोग गर्नुपर्छ । सरकारले, गैरसरकारी संस्थाले र बाहिरका मानिसले हिमाली क्षेत्रका मानिसहरुको जनजीविका सजिलो बनाउन चौरीखर्क, चरन जोगाउनका लागि व्यवस्थापन गर्न सहयोग गर्न सक्छन् ।

#### सोनम शेर्पा, होटल व्यवसायी

पहिला हामीले यही खर्कमा भेडा, चौरी र च्याङ्ग्रा पालन गर्थ्यौं । अहिले त्यो पेशा छोडेर म होटल व्यवसायतिर लागेको छु । म जस्तो कृषि पेशा छोडेर होटल व्यवसाय गर्ने मानिसहरु धेरै छन् । पहिला यहाँ धेरै चौरीहरु र गोठहरु थिए ।

पशुपालनका लागि पहिलाको जस्तो घाँस, जडीबुटी र संरक्षण छैन । खर्कहरु पनि खुम्चिँदै गइरहेका छन् । गाविसहरुले आफ्ना किसिमले रुखहरु लगाउने गरेकाले चौरीहरु र अरु पशुहरुको चरन समस्या भएको छ । यसरी चौरीखर्कको व्यवस्थापनमा पनि समस्या भएको छ ।

चौरीपालनलाई निरन्तरता दिनुपर्छ । सडक निर्माणका कारण आएको सुविधा र बालबच्चाहरुलाई शिक्षा दिनुपर्ने कारणले चौरीपालनमा कमी आइरहेको छ । हिमाली क्षेत्रमा सरकारी र निजी स्कूलहरु नभएकाले बालबच्चाहरू पढाउन बजारतिर भर्नु परेको छ । त्यसैले चौरीपालन कम हुँदै गइरहेको छ । चौरी, च्याङ्ग्रा र भेडाहरु सधैं एकै ठाउँमा बस्न सक्तैनन् । तापक्रम अनुसार तल माथि ( फरक फरक उचाइ) गरिरहनु पर्छ । खर्क संरक्षण, घाँस जोगाउने, लगाउने कुरामा किसानहरु स्वयं पनि सचेत र जागरुक हुनुपर्छ ।

पहिला यहाँ याक पालन हुन्थ्यो । अहिले हुन छोडेको छ । पहिला पाँच-छ फिट हिउँ पर्थ्योर वर्षात पनि त्यही तरिकाले हुन्थ्यो । अहिले चाहिँ जंगल नाश र क्षति हुँदै गइरहेको छ । राम्रोसँग हिउँ परेन भने अनाजको राम्रो उब्जनी पनि राम्रोसँग हुँदैन भन्ने शेर्पा समुदायमा विश्वास छ । हिउँ परेन भने पानीका श्रोतहरु पनि सुक्छन् र घाँस पनि राम्रोसँग पलाउँदैन ।

हिमपात र हिउँमा आएका कमीका कारण जडीबुटीहरु पनि कम हुँदै गइरहेका छन् । जडीबुटीहरुको अनियन्त्रित संकलन र चोरीका कारण पनि जडीबुटीहरु कम हुँदै गइरहेका छन् । दीर्घकालका लागि नसोची



तत्कालको फाइदाका लागि जडीबुटी बेच्दा यस्तो भैरहेको छ । प्रशासनले पनि यसमा नियन्त्रण गर्न सकेको छैन । यहाँ पाँचऔँले, यासाँगुम्बा, कुट, पदमचाल, पांगुड, पाङ्गेप जस्ता औषधीका रूपमा प्रयोग हुन सक्ने जडीबुटीहरु पाइन्छन् । अनियन्त्रित संकलन र चोरीका कारण यी जडीबुटीहरु कम हुँदै गइरहेका मात्रै होइनन् कि लोप नै हुन सक्ने परिस्थिति भएको छ ।

हिमाल र हिमपातका कारणले पनि पर्यटन र होटल व्यवसायमा राम्रो प्रभाव पर्न सक्छ । हिउँ पर्दा मानिसहरु पनि हेर्न आउन सक्छन् । राज्य, स्थानीय निकाय र हिमाली क्षेत्र भन्दा बाहिरका मानिसहरुले यहाँको पर्यटन प्रवर्द्धनमा ध्यान दिए हुन्थ्यो जस्तो लाग्छ । राज्य र स्थानीय निकायले वनजंगल विनाश रोक्न पनि सहयोग गर्नुपर्छ ।

पहिला हिमाली क्षेत्रमा मानिसहरु विरामी पर्दा, शरीरका भागहरु मर्किँदा र अन्य शारीरिक समस्याहरुमा पनि यहीँका जडीबुटीहरु प्रयोग हुन्थे । अहिले ती जडीबुटीहरु कम हुँदै गइरहेका मात्रै होइनन्, ती जडीबुटीहरुको प्रयोग गर्न बुढापाकाहरु पनि छैनन् । यसरी स्थानीय उपचार पद्धति नै नाश हुने डर बढेको छ । अहिले यहाँका मानिसहरु पनि क्याप्सुल, ट्याब्लेट जस्ता एलोप्याथिक औषधिहरु प्रयोग गर्न थालेका छन् । पहिला पहिला ज्वरो निको पार्न चिराइतो प्रयोग गरिन्थ्यो भने चियाको लागि पनि यहाँको बेग्लै जडीबुटी प्रयोग हुन्थ्यो । अहिले चियापत्ती पनि तल चरिकोटबाटै ल्याउने गरिन्छ ।

मोटरबाटो आवश्यक छ । विकास सँगसँगै विकृति पनि आएको छ । ठूलो विध्वंश, तहसनहस र विस्थापन भएको छैन तर

यदाकदा परम्परा, संस्कृतिलाई असर पारेको छ, ओभ्केल पारेको छ । शिक्षादीक्षाको राम्रो व्यवस्था हुन सके राम्रो हुने थियो, किनकी बच्चाहरुलाई अहिले होस्टल र डेरामा राखेर पढाउनु पर्ने बाध्यता छ ।

सेप्टेम्बर ९ हिमालय दिवस हो भन्ने हामीलाई थाहा थिएन । यसको जानकारी दिनुभएकोमा र हाम्रो कुराहरु पनि सुनिदिनुभएकोमा यहाँहरुलाई धेरैधेरै धन्यवाद ।

### रामशरण सापकोटा

तपाईंहरु पशुपालन, पोखरी निर्माण कृषिका लागि जिल्लाका सम्बन्धित निकायहरुमा पुगनुस् । जिविसले सबैथोक गर्न सक्तैन ।

### मिड्मा शेर्पा, कुरी

यातायातको सुविधा आउँदा विकृति पनि आउँछ । पर्यटन व्यवसाय सुधार हुनेतिर अगाडी बढोस् । यातायातको सुविधाको कारणले अहिले यहाँ राम्रा राम्रा होटलहरु खुलेका छन् । सेवा, सुविधा थपिएका छन्, व्यापार, व्यवसाय बढेको छ ।

जनसंख्या बढ्दै जाँदा जंगल घटेको छ । दाउराका लागि पनि जंगलमा भर पर्नुपर्छ । जंगल घटेपछि हिमपात कम हुन्छ, र गर्मी बढ्छ । दाउरा नबाली हुँदैन, न्यानोको लागि । दाउराबाट धूवा निस्कन्छ र यसले पनि वातावरण प्रदूषण होला ।

सरकारले, स्थानीय सेवा केन्द्रहरुले र हिमाली क्षेत्रका लागि काम गर्ने संस्थाहरुले उन्नत जातको चौरीगाई उत्पादनमा सहयोग गरे हुन्थ्यो, चीनको तिब्बतमा यस्तो हुँदोरहेछ । त्यस्तो सुविधा हुने हो भने थोरै चौरीगाई पालेर धेरै उत्पादन गर्न

सम्भव हुन्थ्यो । पशुविकास कार्यालयहरुमा सोध्दा पनि यस्तो सुविधा पाइएन ।

चौरीगाई, याक र हिमाली क्षेत्रमा पाइने अन्य जनावरहरुको पालनलाई संरक्षण गरिनुपर्छ किनकी चौरीगाई हेर्न पनि पर्यटकहरु आउँछन् र पर्यटन प्रवर्द्धन हुन्छ । घिऊ, छूर्पी विदेश निर्यात गर्न पाए, हाम्रो लागि आकर्षक बजार हुन्थ्यो र देशको लागि पनि विदेशी मुद्रा आर्जन हुन्थ्यो ।

उन्नत जातको चौरी भए घाँस, खर्कको बचत हुन्थ्यो, आम्दानी बढ्थ्यो । भेटेनरीका अधिकारीहरुलाई पनि हामीले यी कुराहरु राखेका छौं ।

शेर्पाहरुको ताप्लेजुडदेखि मुगुसम्म फरक फरक भाषाहरु छन् । शेर्पाहरुको वस्ती कम छ, त्यसैले हामी पर्वते (नेपाली) भाषामा पनि कुरा गछौं । हाम्रा बच्चाहरु पनि नेपाली बोल्न सक्छन् । सोलुखुम्बुको जस्तो शेर्पा संस्कृति बाक्लो छ ।

शेर्पा भाषामा श्यार भनेको पूर्व हो । तिब्बतबाट पूर्व आएकोले हामीलाई शेर्पा भनिएको हो भन्ने विश्वास छ ।

यसपछि टोलीले जान्न चाहेका कुरामा आफ्ना भनाइहरु राख्न समुहगत छलफल शुरु गरियो । समुहगत छलफलका क्रममा कीजि शेर्पा, पासाङ शेर्पा, निमपासाङ शेर्पा लगायत व्यक्तिहरुले बोलेका थिए । उनीहरुले पनि माथिका वक्ताहरुले भनेका कुराहरुमा जोड दिएका थिए । यस्तो कार्यक्रम हिमाली क्षेत्रमै आएर भएकोमा उनीहरुले खुशी व्यक्त गरेका थिए । उनीहरुले चौरीखर्कको व्यवस्थापन, पानी, कालिञ्चोक भगवती दर्शन र अन्य प्रयोजनको लागि पर्यटन प्रवर्द्धन गर्न सहयोग गर्नुपर्ने राय व्यक्त गरेका थिए ।



# Grassroots Dialogue with People of Kuri Village

Report Prepared by: Shiva Prasad Tiwari



South Asian Dialogue on Ecological Democracy-Nepal (SADED-Nepal) and Forest Environment Worker Union (FEWUN) organized an interaction program with people Kuri, a village located on Himalayan Region of Dolakha District on the occasion of International Himalaya Day on 9 September 2016 (24 Bhadra 2073 Bikram Sambat). International Himalaya Day is observed on 9 September every year. The interaction program titled grassroots dialogues aims to listen to the ways of life of people and their problems, difficulties and other aspects of their lives from the mouth of people in their own localities only.

Yogendra Bijaya Dahal, Ram Sharan Sapkota, Shiva Prasad Tiwari and Simon Poudel had been to Kuri (Dolakha) on behalf of SADED-Nepal and FEWUN for the interaction program.

There were about 25 Sherpa males and females of different ages from around Kuri in the interaction program. Namgel Sherpa, Nawa Sherpa, Sonam Sherpa and Mingmar Sherpa who are in Kuri in different occupations talked on various issues of lives of Sherpas on Himalayas. In a group discussion that followed Kiji Sherpa, Pasang Sherpa and Nim Pasang Sherpa and other

people from Sherpa community also participated.

The summary of what the participants said in the program is as follows:

There used to heavier snowfall in previous years compared to at present. The snowfall in Kuri village used to be up to 8 feet in the past but at present it is about one or two feet at the peak of the winter and that too gets absorbed by the earth immediately. The reduction in snowfall has reduced the sources of water available. Hence, there has been increased water scarcity for both humans and animals.

The availability of pastures for cows (*chaurigai*), goats (*chyangra*) and sheep are also decreasing due to increased population, deforestation and making of community forests by villagers. Villagers make community forests and do not allow grazing cows and other animals in their preserved forest. Hence, animal farming has become more and more difficult. Many people have quit animal farming and agriculture for other professions such as hotel and going abroad for earning money due to this problem.

The construction of clay road (not even graveled) has made the travel of people and transportation of agricultural products easier but the travel is risky

and the road is not usable in all seasons of the year. Due to roads, the selling of agricultural products has become easier and farmers are getting competitive prices from businesspersons who arrive to villages to buy the products such as ghee and *chhurpi*.

They feel that families in the Himalayan areas also are having lesser numbers of members than in the past. They have been sending their children to schools as schools are not available in their villages. They are compelled to send their children to district headquarter Charikot and elsewhere. They say that they have to keep their children in rented rooms and hostels.

From the government, non-governmental organizations and other well-wishers, the people of Himalayas want some helps. They want to have clean and hygienic water for themselves and for their animals. They want help in management of pasturelands for animals. They want 'improved' and hybrid animals which give more yields. They also want good schools for their children in their localities only. They also want help in developing the village as good tourist spot without disturbing natural and social environment of the village.



# Nepal - India Dialogue on People's Health: Regional Challenges and Democratic Options for the 21st Century

## Introduction

Nepal and India, as indeed the entire region of South Asia (with exceptions such as Sri Lanka and Kerala in India), are among those with the poorest health indicators in the world. Despite rise in life expectancy over the past decades, not only are the communicable diseases and under-nutrition continuing as major public health problems, non-communicable diseases such as diabetes, cardiovascular diseases and cancers as well as injuries are on the rise, creating a 'triple burden of disease' in Nepal and India. In fact Nepal, India and Bangladesh are the closest in their health indicators, with Nepal and Bangladesh having made greater strides towards improving them than India in the decades between 1990 and 2010 as per WHO statistics. On the other hand, our modern health care systems are not accessible to large sections, and government expenditures on health and social services are among the lowest in the world. Also, the traditional health care based on local natural resources which was available even in remote areas, is being rapidly eroded. Therefore, we need to urgently address these issues for the wellbeing of all our peoples. There are various ways being discussed in the world today, on how to deal with people's health problems. We propose to organize a series of seminars to discuss the various options and understand what are the best ways forward for the region, especially for our two countries. Both countries have wide experience of public health practice and scholarship, and cross learnings will be useful for all.

Universal Health Coverage is the current international health slogan, and the Health Ministers of SAARC countries have adopted it in the Delhi Declaration of 2015. It is also the approach adopted in the Sustainable Development Goals committed to by all countries in 2015. It indicates a certain vision of health care that is focused on taking conventional doctors' medical services to all

citizens. It does not include the social determinants of health or the processes of democratic decision-making. The medical services are to be delivered to all by financing them through insurance, by provision of medical services largely by the private sector and a minimization of the government's role to preventive services. The major focus, thereby, is on secondary and tertiary level services of hospitals rather than on the primary level services that can take care of over two-thirds of all health problems. It means transfer of public funds to the private medical industry and increasing dependence on the modern medical system with increasing loss of autonomy by the people. In this form of universal health coverage, driven by international donor agencies and serving the commercial interests of the medical, pharmaceutical and insurance industries, large sections of our people will remain excluded. The services that will be available, will be of questionable quality and rationality, over-medicalisation with unnecessary diagnostic tests, medication and surgeries being widely pervasive. This will not only add unsustainable costs to our societies, but also contribute to side-effects on health of the users. Social insurance schemes in the past decade in India reveal the distorting effect they can have on the health services in our conditions. Even a country such as the USA, with the biggest economy in the world, is finding it difficult to sustain its medical system, and it excludes substantial sections from obtaining access to needed services. Limitations of modern medicine are also making many of the well off to use complementary and alternative medicine. USA is now also one of the largest producers and exporters of Ayurvedic medicines, and its frontiers of modern medical research are also drawing from the other systems.

## Emerging trends in South Asia

In the South Asian region, along with services of the conventional modern

medicine, there is now also a trend emerging of turning to the other codified traditions of Ayurveda, Unani, Yoga, Naturopathy, Siddha, Sowa Rigpa and Homeopathy. Inadequate attention to non-Allopathic systems due to colonization and its spill over even to the non-colonized countries such as Nepal, had eroded the legitimacy of these systems of health knowledge and the systems themselves had changed in their structure and content to reflect those of the Allopathic system. In the last couple of decades, there is an increasing international attention to these systems and the SAARC Delhi Declaration too has rightly committed to their promotion and "to in cooperate in the field of traditional systems of medicines, including by encouraging visits of experts, organization of symposia, promotion of courses on traditional medicine under international fellowships or country support programs". But they are not being included in the considerations for Universal Health Coverage. Their services exist to varied extent in all the countries of the region and are increasingly being integrated into hospital and other services of the modern kind at least in some of the countries. In large part the non-Allopathic knowledge also remains in non-codified forms at the primary and secondary levels of health care through home and community based practices and practitioners, who are most accessible to the most vulnerable sections as well. These three layers of health knowledge must be given due place if we are to ensure universal health care in our region, and for creating health care systems that are more holistic and sustainable.



Uma Nepal

## Goal, Objectives and expected major outcomes

Health care, as defined by WHO and

UNICEF, and enshrined in the Primary Health Care declaration of 1978 at Alma Ata, includes structuring other spheres of society in ways that are most conducive to health of the people. This is what is now, internationally, being called 'Health in All Policies'. This would include economic policies, development of agriculture and other food production systems, industrial and urban development, rural development, addressing environmental degradation, in addition to the provision of safe water, sanitation, housing and work conditions.

This approach also emphasized that the centre point of all health services should be those closest to the homes of people so that they can use them for everyday prevention and treatment. It emphasized the role of the communities and households in decision making about health care, the importance of accessible, affordable and effective services, and a referral system for secondary and tertiary care. Government financing and provisioning of services made free at point of service are also argued for by this approach so as to be the most equitable and cover all including the most vulnerable. A third component of this vision is for promoting the use of local health traditions that are known by households and communities and not commercialized.

### Objectives of Seminar

- To create opportunity for sharing, learning and documenting best health care practices that contribute in ensuring health for all.
- To prepare cross country action plans that supplements each other's effort to improve the health care indicators.
- To identify issues with existing health care system that needs strengthening.

### Major outcomes:

- Best health care practices (Prevention and treatment) that reached to all in need.
- Documented examples emphasizing active role of

community and households in decision making.

- Different practices those are affordable, accessible and effective.
- Good workable models of referral system for secondary and tertiary health care
- Health care Models that targets successfully the most vulnerable.
- Usage and awareness of traditional health care system.

Today, we in South Asia have to choose our model of health services development for the coming decades. While recognizing the pro-people value of the aspiration of health care for all, we will have to also ensure other conditions that create health of our people's, especially of the most vulnerable. Since each country has its specific history of health services development, there will be varied paths that each will have to design for itself. However, the shared socio-cultural conditions and shared civilization histories allow for a lot of learning by sharing of experiences and ideas.

In addition to the available regional/international mechanisms, we need enhanced collaboration between academics, researchers and civil society groups of our countries to evolve region and country specific approaches. This shared thinking would help not only in developing systems that strengthen health and wellbeing of our peoples but also contribute in the global debate on shaping sustainable health systems.

Given the background, we organized Interaction / Symposium on Public Health: Regional Challenges and Democratic Options for the 21<sup>st</sup> Century 26<sup>th</sup> October 2016 at National Ayurveda Research and Training Centre in collaboration with National Ayurveda Research and Training Centre and SADED India. This event is part of series of interactions between health care providers of all systems and public health experts in Nepal and India. This is an attempt to bring together academics, researchers and civil society actors of Nepal and India and simultaneously work towards enlarging this to other countries of the region.

As per the discussions is concerned, there were three different sessions. In the first session, 2 different topics were discussed which was Traditions of health. The chair person for this session was Modnath Prashit. The first topic was for this session was Local Traditions of Health (*Swasthya Raksha ki Deshaj Parampara*) and the speaker for this was Dr Ravindra Pathak (South Asian Dialogues on Ecological Democracy), Nepal. The second topic for the same session was Initiative for endorsement of Ayurveda intervention in the public health systems of the country and the speaker on this topic was Dr. Mithilesh Kumar Sah (Research officer, NARTC), Nepal

The second session of the interaction was on Local Health Practitioners and Practices. Two different topics were discussed on this session and the chair person for this session was Prof. D.L Bharkher (Chairman, NARTC). The first topic discussed on this session was Contemporary Effectiveness and Relevance of Local Health Practitioners and Practices and the speaker for this topic was Mr. G. Hariramurthy (Foundation for the Revitalization of Local Health Traditions, India). The second topic discussed on this topic was IPR related to TM resources in the context to Nepal. The speaker for this topic was Dr. Rishi Ram Koirala (Former Vice Chairman of Nepal Health Research Council, Nepal).

Similarly, two different topics were discussed in session 3. This session was about Health Systems Development. The chair person for this session was Dr. Chandra Mohan Yadav/Dr. Shekhar Koirala. The first topic discussed on this session was Health systems Development: A Plural Health Care Perspective. The speaker for this topic was Dr. Ritu Priya (Professor, Center of Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi). The second topic discussed on this session was Health Care Pluralism in a culturally complex civilization: A case of Nepal. The speaker for this topic was Prof. Madhusudan Subedi (Central Department of Sociology, Tribhuvan University, Nepal)



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